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AUTUMNAL CATARRH.

BY MORRILL WYMAN, M. D., OF CAMBRIDGE.

AUTUMNAL catarrh, or "hay fever," as it is popularly called, although there is no evidence that it has anything to do with hay as a cause, sets in towards the end of August as surely as swallows come in spring, and runs its course within the narrow bounds of a single month. Its subjects are already preparing for what is before them, and the known number of these subjects, now that the disease is recognized and described, especially among the more cultivated classes, is surprising. The vendors of secret compounds have already discovered the field, and are hovering about with such a multitude of sure cures that it would seem sheer malice in anybody to be sick.

Limited to a single month, the disease then disappears, whether treated or not, leaving the victim with more or less weakness and depression, from which, if otherwise in good health, as a general rule, he soon recovers. But what is very remarkable, numerous as the sufferers are, they are limited to certain regions. If the sufferer leaves these catarrhal regions for others, which long and careful observation has shown to be free from the malady, he begins immediately to recover, and within forty-eight hours is substantially well of the disease, although some of its effects may not so promptly disappear. Of these places of refuge, the White Mountain region is best known and most frequently resorted to. The Glen, Gorham, Randolph, Jefferson, Whitefield, Bethlehem Village, the Franconia Notch, White Mountain Notch, Twin Mountain House, are all within the limits of safety. Other elevated tracts are safe: Mount Mansfield, in Vermont, the Adirondacks, the Ohio and Pennsylvania plateau, including the high range of southern counties in New York from the Catskill Mountains to the western border of the State, the plateau in these counties having an elevation of two thousand feet above the sea. The valleys and lakes of the same State at a lower level are not safe. The island of Mackinaw, and north of the great lakes, in Canada, and beyond the Mississippi at St. Paul, Minnesota, and still farther west, are large tracts which may be resorted to. Still farther south, the Alleghany Mountains at Oakland, and other

elevated points, are usually free. To the east, the elevated interior of Maine and its extensive lakes afford both pleasure and safety; or, if the sea-coast is preferred, the whole coast east of the St. John's, thence quite round to Labrador, is open to the subjects of "hay fever." Sufferers who literally pitch their tents in these favored regions, as a general rule, not only escape their enemy, but may also find themselves, at the end of the month, with a vigor that nothing but living under canvas seems to give. It is not to be inferred, however, that all cases of catarrh or asthma in autumn will be thus relieved, for other affections exist, not autumnal catarrh but somewhat resembling it, that are not cured by the same methods. And again, this affection varies in its severity and in its complications; some of these may prove intractable. Lastly, the places just named may, at times, present such changes in temperature, moisture, and vegetation, as to interfere materially with their beneficial influences. That such should be the case is in analogy with many things in medicine and physiology, in which nothing is absolute and invariable.

To derive all the benefit possible from change of residence, it should be made a few days before the annual return of the disease; in this case as in many others, it is better to prevent than to cure. If the disease has been long in action the lining membrane of the nostrils becomes thickened, the eyelids inflamed, the bronchial tubes irritated, and although the cause of the disease is promptly arrested, its effects require time for their removal. Then again, if the journey is by rail in hot, dry, and dusty weather, this combination, if the time is near at hand, is very likely to hasten an outbreak.

Although the course just mentioned is the best, there is a proper regimen and some remedies for the relief of those who stay at home, by which, although their troubles cannot be completely prevented or broken up, they can be materially diminished. It must not be forgotten that this disease is remarkable for its remissions and apparent cessations. These are so complete as to deceive even the wary and experienced with the hope, not destined to be realized, that it is really taking its leave, and the sanguine with the belief that armed with their last new remedy they have achieved a victory. What we have to propose is the result of experience and the trial of many medicines. Other and better may be discovered, and perhaps a specific may be in store for us; but, inasmuch as the disease is limited and bearable, and does not inflict great injury, it is not worth while to run much risk of life or permanently derange health on the mere chance of a successful result. We can only hope that what has proved useful to some may prove useful to more.

As the disease has more of a general than local character, and falls especially upon the nervous system, we have reason to expect more from constitutional than from local treatment. So, also, as the injurious in-

fluences are constantly at work, we should expect more from mild measures steadily pursued than from any violent, irregular, and almost necessarily debilitating course.

First, of preventive measures. The direct rays of the sun are to be avoided during the hot weather, as having a debilitating influence on the nervous system. Avoid the smoke and dust of the railway train, and the dust of the street; avoid also those plants, such as Roman wormwood, golden rod, and other flowers and fruits which are know n o bring on an attack. The sleeping-room should have an open fire-place, should not be exposed to the afternoon sun, and after being well aired for an hour in the early morning should have the windows and doors closed, and kept closed, so that the air shall be as still as possible until the following morning. We think the still air allows the injurious particles to subside; but whether this be so or not we are satisfied that this course has given us a good night's sleep and a better condition in the morning. The diet should be nourishing, containing animal food. Alcoholic stimulants should be avoided. Flannels worn from the middle of August, and increased in warmth as the season and disease advance, give protection against sudden changes of temperature, to which both the skin and the nervous system are very sensitive, and between which, at this time, there is a close sympathy.

Of all the medicines we have as yet fully tried, quinine, in our opinion, has done most good as a preventive and also as a relief of some of the most annoying symptoms. Whether it has specific properties or not we cannot say, but it is generally acknowledged to be a good tonic to increase the appetite, and is probably an aid to the digestion and appropriation of food. Its use should be commenced a week or ten days before the usual return of the disease, and continued through its course, in doses of one or two grains with each meal. Gentle saline or other laxatives are useful, but violent purging should be avoided.

Of remedies to be used for the relief of paroxysms of itching of the eyes, mouth, and throat, great numbers are recommended. These very troublesome symptoms may be often greatly relieved by the local application of a saturated watery solution of quinine made without the addition of any acid. The best mode of using it is with an atomizer or, what is quite as good, the perfume distributer in common use; the spray from the clear solution being thrown into the eyes and throat, drawn into the lungs as freely as possible, and also thrown over the skin of the face. It should be used many times daily. Bathing of the eyes in cold or tepid water relieves, and the same may be said of the mild sedative solution of two or three grains of borax to an ounce of camphor water, a favorite prescription of the oculists. Avoid as much as possible accesses of sneezing; they are the beginning of trouble to both eyes and nose.

The irritation and discharge from the nostrils may be relieved by the "head bath;" holding the head for five minutes over a bowl of very hot milk and water or water alone, the head and shoulders meanwhile covered with a shawl. In railway traveling and on dusty roads much relief is gained by placing small pieces of wet sponge just within the nostrils, or covering the whole face with Swiss muslin wet with water. The nostrils are often completely obstructed early in the morning, and swallowing impeded; this may be relieved temporarily by active movements of the limbs for a few minutes, — leaping or running quickly upstairs, — after which one can often eat his breakfast with comparative comfort.

For the night a closed room, and, if opium can be taken without inconvenience, six or eight grains of Dover's powder or an equivalent in laudanum or a solution of morphine, often give more or less freedom from that most annoying symptom in the later stages, the spasmodic cough. It may also be relieved by the spray from the watery solution of quinine as just mentioned. The common household mucilaginous remedies, gum arabic and flax-seed tea, for temporary relief are not to be rejected. The asthma, like that occurring at other seasons and produced by other causes, is often spasmodic, nervous, and wayward; it is relieved by a variety of remedies; the inhaling of the smoke from burning stramonium leaves and saltpetre, three parts of the former to one of the latter, probably gives as much relief to a majority of sufferers as any other treatment.

EMBOLISM OF THE PULMONARY ARTERY.

BY E. G. CUTLER, M. D., OF BOSTON.

May 21st. The patient, J. B., fifty-six years of age, a lobster-dealer by trade, addicted to the use of spirituous liquors, several years ago, after an alleged injury, had necrosis of the right tibia, for which he underwent operation at the Massachusetts General Hospital. The necrosis has been assigned to a syphilitic taint. During all of the interval since this surgical operation the patient has been more or less under treatment for his necrosis.

About a week ago he was seized with pain and a feeling of distress in the epigastric region, together with great occasional paroxysmal dyspnœa, slight vomiting and belching of wind, anorexia. Under advice, he made use of sinapisms to the seat of pain, but without relief; he consulted another physician, who after examination prescribed another sinapism to the painful region, quinine, a cathartic, and opium pills, ascribing the trouble to some gastric affection. These measures proved

of little avail, and the patient finally sought the aid of the dispensary physician, Dr. Channing, who kindly asked me to see the case with him in consultation on May 28th. The patient was found dressed and in the sitting position on a lounge, saying he had not been able to be undressed or to lie down for a week or more. His countenance wore an anxious expression, his face had a very dusky hue: his lips were somewhat livid; his hands and nails were natural. He had a weak, irregular crural and radial pulse of 120, easily compressible; his respiration was rapid, superficial, labored, with occasional attacks of cough and dyspnœa. There was a peculiar lack of force to the cough. The expectoration was chiefly mucus, tinged with dark-colored blood throughout; in quantity it was about six ounces in twenty-four hours; it was not at all viscid. The temperature was not elevated. The patient complained of loss of appetite, with pain and distress in the upper epigastric region. There was a very considerable amount of asthenia, and the man spoke of a distressing sensation of impending death which occurred with occasional paroxysms of dyspnœa of unusual severity. The lower extremities were considerably œdematous; the right leg was somewhat painful, and had a sinus apparently reaching to the bone and surrounded by an eczematous patch of the size of the hand. The gastro-intestinal functions were apparently carried on well.

Physical exploration of the lungs gave, with the exception of coarse mucous râles in a circumscribed area in the right front and in a few other places in the left side, a negative result. The apex beat of the heart was at the left of the nipple and about two and one half inches below it; the heart's action was feeble, irregular. Both sounds were reduplicated, not transmitted. Area of cardiac dullness was increased laterally.

An examination of the abdomen showed it moderately prominent and with no tenderness at any point on percussion or pressure; there was no evidence of fluid in the abdominal cavity. The liver showed a normal area of dullness.

On examination of the urine, a slight amount of albumen was found; urea was normal in quantity; under the microscope, small hyaline casts were seen with a few granular ones, some renal epithelium, and a few blood corpuscles.

Diagnosis. Evident nephritis, which the man's habits and the examination of the urine allowed us fairly to consider interstitial. The heart's position in the thorax might suggest hypertrophy. On the other hand, taking the patient's constrained position into account, together with the extent and weakness of the impulse, we felt justified in attributing the size rather to dilatation, with possible fatty infiltration. Thrombus formation in the heart was suspected from the peculiar double sound and the lung symptoms.

These affections of the heart and kidneys, however, did not satisfactorily account for the whole symptoms and their severity; and we were forced by the constancy of the rusty sputa, cough, and dyspnœa to look to the lungs for the chief source of trouble. And a review of the symptoms taken in their order of occurrence — sudden attack of paroxysmal dyspnœa, cough, epigastric pain, palpitation and irregular action of the heart, together with the feeling and expression of anxiety, continued rusty expectoration, negative lung examination, positive reduplication of heart-tones, great weakness of radial and crural pulse, — formed such positive evidence of the existence of embolism of the pulmonary artery or some of its branches that this diagnosis was made with great positiveness and the most unfavorable prognosis given.

Treatment consisted in the administration of nourishment in as large and as frequent quantities as could be borne. The medicinal measures consisted in the administration of quinine, a cough mixture containing sulphate of morphia, chloroform, and syrup of tolu; a mixture of bromide of potassium and chloral hydrate or a solution of sulphate of morphia was given as occasion seemed to require. Hot applications were ordered to the chest and precordial regions. Under this treatment the patient was considerably relieved of his suffering and was enabled to assume a more comfortable position in bed, though he was always obliged to be bolstered up. There was gradual but progressive asthenia, and no material change in the symptoms. Finally the patient died quietly on the twenty-first day of his illness.

Autopsy, nine hours after death. Heart somewhat hypertrophied and right side much dilated; right ventricle forming the apex of the organ. No evidence of fatty infiltration. Thrombi in both auricles somewhat dense, dry, laminated, and tawny, extending into the auricular appendage and forming a lining to the wall of the auricle, which in the left side was one eighth inch in thickness. In the right auricle the thrombus was softened in the auricular appendage and opposite its front wall. The valves of the heart were sufficient, and healthy. There was universal dilatation of the ascending and transverse aorta to nearly the size of the fist, with endoarteritis and almost universal atheroma, in which were numerous calcified plates. In the place of the previous existence of the ductus arteriosus was a peculiar, hardened elevation, pronounced by Dr. R. H. Fitz to be a calcified thrombus. The right lung in its middle lobe presented an embolic infarction involving nearly its entire extent; it was quite recent, with collateral œdema. In the lower lobe of the same lung were three small infarctions in a somewhat older stage. In the left lung were several small infarcts of the size of a robin's egg; one was six inches long by one inch wide in the upper lobe, presenting several successive stages of the process.

The liver presented the nutmeg appearance of commencing cirrhosis.

The kidneys were very large, twice the normal size; there was commencing interstitial inflammation. The spleen was enlarged, hardened, with increased connective tissue.

POISONING BY PICKLES.

BY H. LASSING, M. D., OF NEW YORK.

Upon arriving at the room of the patient, I found her vomiting undigested food; her countenance was anxious; her pulse was 58. She complained of a burning, corrosive sensation in her throat and stomach, and an acrid, metallic taste in her mouth. Inquiry elicited the information that she had eaten corned beef, bread, and a "bit of pickle." Upon a close examination of samples of these, the beef and bread were found to be all right, but the liquid in which the pickles had lain, and which was supposed to be vinegar, emitted a peculiar, faint, sickish odor, and tasted brackish, not sour. The pickles had a metallic taste. Laying aside the latter for further examination, an emetic was administered to the patient, followed up by copious draughts of warm water; this was repeated until the rejected matter became free from everything but the water administered. Chalk mixture and laudanum were now administered together with a mustard cataplasm to the epigastrium. The vomiting ceased for a time; but upon the administration of stimulants in any shape, it immediately returned. Lactopeptine was given, in ten-grain doses, every half hour, combined with brandy; this was readily retained, and the patient soon rallied. Several other members of the family were similarly affected, but the symptoms, though equally threatening, yielded at once to similar treatment.

The pickles upon examination showed the presence of iron, arsenic, and oxalic acid. Upon tracing them back to the original manufacturer, it was found that there was nothing poisonous about the pickles when they left him, and that the vinegar upon them was a pure high wine vinegar; but the grocer who sold the pickles had substituted for this vinegar a dilution of sulphuric acid made from an impure article, and had thus jeopardized the lives of the public. The board of health, upon being notified, at once took active measures to suppress the manufacture of this poisonous article. This sulphuric acid vinegar can be easily detected by a few drops of a solution of muriate of baryta; when this is added there will be a milky precipitate of sulphate of baryta. Large quantities of this poisonous vinegar are sold all over the country.

RECENT PROGRESS IN OBSTETRICS AND GYNÆCOLOGY.

BY W. L. RICHARDSON, M. D.

OBSTETRICS.

The Relation of Puerperal Fever to the Infective Diseases and Pyæmia. — A discussion on this subject has recently taken place before the Obstetrical Society of London which has called forth the opinions of many of the leading obstetricians of Great Britain, and which contains so much that is of value to the general practitioner that it seems to merit an extended notice in this report.

The discussion was opened by Mr. T. Spencer Wells, who considered that in puerperal fever we were dealing with a contagious continued fever, often, but not always, associated with important local lesions, such as peritonitis, effusions into serous and synovial cavities, phlebitis, and diffuse suppuration. The discussion, he said, was to especially consider: 1st. Whether there was any form of continued fever, communicated by contagion or infection, which occurred in connection with childbirth, was distinctly caused by a special morbid poison, and was as definite in its progress and in the local lesions associated with it as typhus or typhoid, scarlet fever, measles, or small-pox; 2d. Whether all forms of puerperal fever may be referred to attacks of some infective continued fever, as scarlet fever or measles, occurring in connection with childbirth, on the one hand, or, on the other, to some form of surgical fever, or to erysipelas, caused by or associated with changes in the uterus and neighboring parts following the process of childbirth. 3d. Setting aside all cases of contagious and infectious diseases occurring under other conditions than that of childbirth, does there remain any such disease as puerperal fever? 4th. If a form of continued fever — communicable by inoculation, contagion, or infection — does frequently occur in connection with childbirth, how can its spread be prevented? 5th. What relation have bacteria and allied organic forms to the pyæmic process in the puerperal state? 6th. Of what value are antiseptics in the prevention and treatment of puerperal fever?

Dr. Leishman, of Glasgow, thought that a large proportion of the cases of puerperal fever had their origin in pyæmic or septic infection. There were no doubt cases in which a patient, during the puerperal state, becomes the subject of diseases of a specific origin, as for example scarlatina. He thought, however, that in the later history of such cases there was a difficulty in discovering any difference between those cases which were supposed to have a specific origin and those which proceeded from a specific poison. The same difficulty was met with in attempting to separate those cases in which the original symptoms were those of a local character — metritis or peritonitis — from those in which the fever was due to pyæmia or septicæmia.

Dr. Newman, of Stamford, did not believe that there was any such thing as a definite puerperal fever. In a large number of cases of puerperal fever which he had seen there had been a distinct link in the occurrence of possible transmission to the patient of some definite infecting poison. This poison may come from a direct or indirect communication with some infective poison, or from some inflammatory process going on within the patient. Again, the mental and physical condition of the parturient woman is often below par before her delivery, and all the processes, nervous, vital, circulatory, and mental, are so materially excited or altered in their condition, that it is not surprising that poisons, however they may be presented to her, which would run a different and slower course under the more ordinary state of every-day life, should run, when they have to deal with a parturient woman, a course of far greater severity, rapidity, and fatality.

Dr. Braxton Hicks said that we could not judge by the death-rate of the influence of circumstances on the puerperal woman, for where one dies, three or four are retarded in their recovery by either a more or less mild state of fever or by the secondary effects known as cellulitis, phlegmon, etc. A large number of cases of puerperal fever owe their origin doubtless to the presence of some animal poison, a large proportion being connected more or less directly with the poison of scarlatina; but violent mental emotions may be followed by symptoms precisely similar to those which follow zymotic influence or the existence of putrid discharges. In more cases some other medium must be added, such as "sepsis," or the living bacteria, or some material which, mixing with the discharges in the uterine cavity, is absorbed into the system. The fact that if we wash out the uterus the symptoms very rapidly subside seems to militate against the idea of its origin being due to bacteria. It is not clear that the blood-condition set up in the puerperal woman is similar to the so-called pyæmia as seen in non-pregnant women. It seems, however, to differ from it in intensity rather than in quality.

It is doubtless true that a zymotic disease, if not modified in its true nature, is altered as to the usual character of the symptoms, assuming more the type which has been generally called "malignant" in the non-puerperal person; and this tendency to change its character is more noticeable the nearer the patient has approached the full term of pregnancy. It is not clear, however, whether this depends on the changed condition of the system or on the greater patency of the lymph spaces and veins, by which the quantity absorbed is increased. Respecting the contagious nature of the conditions grouped together as puerperal fever, there is no doubt that the majority are contagious to puerperal women, but it is uncertain whether all are so. Those forms derived from the zymotic diseases are the most so, while those from

the self-generated kinds are the least. A few seem to be not at all contagious. Aggregation tends to spread puerperal fever, but cannot set it up *ab initio*.

Mr. Jonathan Hutchinson considered that the term "puerperal fever" was as vague as "surgical fever," and that the use of both was absurd. Erysipelas is of the greatest importance in reference to puerperal fever, since the contagion from it is one which is potent in the induction of the local inflammation which produces puerperal fever. Now this erysipelas is not a specific fever, but is only a local form of inflammation which may vary in intensity and duration, and may be induced by many different causes. The pyrexial symptoms and general disturbance are secondary to the local inflammation, and always proportionate to the existing local erysipelatous action. This erysipelas may be checked at any stage. Again, the term septicæmia has been wrongly used. It ought to be applied only to the results of the poisoning of blood induced by the inflammation of the patient's own tissues. In some cases beyond question we can trace the influence of some morbid matter, which has acted as an irritant in setting up the inflammation. In septicæmia there is no phlebitis. Pyæmia is also produced by an inflammation of the patient's own tissues. In more typical cases pyæmia is due to phlebitis. It is a poisoning of the blood by inflammation of the veins. To the vague and erroneous use of these several terms, septicæmia, pyæmia, erysipelas, is to be ascribed a great deal of the doubt which exists in the medical profession as to the still more vague name of "puerperal fever."

Dr. Richardson considered that in the first place a woman after delivery is physiologically in a peculiar position. The fibrin of the blood is in excess. The salts of the blood are diminished. Both of these conditions favor the precipitation of the fibrin. For some time the woman has been supplying to the child a mass of blood from her own body, and therefore she is practically in the condition of a person who has lost a limb. She is in a nervous condition and is suffering from a nervous reaction. A large number of women are hereditarily predisposed to particular diseases, among which must be classed puerperal fever. He did not believe that there was any special poison belonging to the puerperal state, or any special poison which creates puerperal fever, or any local lesions found after death by which we could recognize the presence of that disease. Under the term puerperal fever he recognized four distinct forms of fever. First, the pure, simple surgical fever following upon the delivery of the child. There is scarcely any delivery which is not followed by some slight febrile state. Another form may be called remittent in its character, and is accompanied by slight or well marked symptoms of jaundice. A third class embraces those cases in which there is a true introduction into the body of the patient of matter derived probably from the uterine sinuses and which results in a true septic

poisoning. The fourth class of cases includes those in which a poison appears to be carried into the body from without. This poison may belong to any of the poisonous diseases, such as scarlet fever, erysipelas, etc. These are all true cases of septicæmic puerperal fever. There is no special form of puerperal fever, but there are several varied forms of the disease, terminating much in the same way, but having distinct characteristics. Some of these are contagious, and some are not. Some spring from the natural condition of the patient, some from an injury received by the patient, and others from the introduction of morbid material. As regards methods of preventing the spread of the disease, the patients should be isolated and great cleanliness preserved throughout the course of the disease. As regards the presence of bacteria and allied organic forms in the puerperal state, he believed that their presence was purely a coincidence, and that there was no relation between their development and the production of the disease.

Dr. Barnes thought the term puerperal fever could not be discarded, but that there were various forms of it. The first variety was the direct result of infection or contagion produced by some zymotic poison, as scarlet fever, erysipelas, measles, or typhoid fever. These cases may be known as heterogenetic. Another class of cases, which may be called autogenetic, embrace those in which all the conditions of fever exist or arise in the patient's system. As regards the heterogenetic cases it is not to be wondered at that a patient after delivery is in such a condition as to be peculiarly liable to the reception of poisons from without. It is easy enough to imagine the course of the second class of cases whether they are known as cases of septicæmia or of pyæmia. Isolation is the only preventive of the spread of these cases, no matter to which class they belong.

Dr. Squire believed that there was a fever after childbirth caused by a morbid poison communicable by infection, and that no form of puerperal fever was to be referred to attacks of the specific infective fevers.

Dr. J. Brunton also did not believe that the specific infective diseases had anything to do with the production of puerperal fever. He thought that the nature of the disease was purely autogenetic, and that as a rule the cases were those of pyæmic poisoning.

Dr. Graily Hewitt believed that puerperal fever was essentially a form of blood-poisoning — an actual pyæmia. He agreed with Dr. Barnes that all the cases of so-called puerperal fever could be divided into two classes, those in which there was distinct evidence of the introduction into the system from without of a morbid animal poison, and those in which the poison was evidently derived from within the patient's person.

Mr. Callender believed that septic poisoning and an absorption of a poisonous material by the veins played the leading part in the production of puerperal fever.

Dr. Arthur Farre did not believe that there was any form of contagious or infectious fever connected with childbirth which owed its origin to a special morbid poison, and which had a definite progress. He did not believe that the various infectious and contagious diseases were one and the same, whether they occurred in the puerperal or the non-puerperal state. He believed that all the fevers which have been erroneously grouped under the single head of puerperal fever should be divided into three classes. First, the simple fevers which might be appropriately called irritative fevers. Under this head would properly be grouped febrile reactions resulting from mammary irritation, from slight injuries of the soft parts, and those pyrexial states which are fugitive and transient in their nature. Second, those infective fevers which are not of a specific origin. Here we find no period of evolution or development, nor do the consequences follow in definite order. Third, eruptive fevers and those which depend upon a blood-infection. Here the action of the poison has a definite course, a regular period of incubation, and it terminates in those several diseases which are common to the parturient and the non-parturient woman alike. The first two classes alone are connected with the puerperal condition.

Dr. Wynn Williams considered that all cases of puerperal fever were due to septicæmia. He did not believe that pyæmia had anything do with it. The formation of pus is secondary, and is an effort of nature to eliminate and isolate the irritating poison. The disease is always due to the presence of putrid animal matter. He alluded to the efficacy of iodine in destroying a septic poisoning. He believed that the use of tincture of iodine in water as a wash would at once serve as a perfect disinfectant, both when used by the physician for his hands and as an injection for offensive lochia.

Dr. Playfair believed the disease to be practically the same as surgical septicæmia or pyæmia. It arises from the contact of septic matter with lesions of continuity in the generative track. Beyond a question the contagious poison of any zymotic disease, if brought in contact with solutions of continuity in the generative track, will produce an intense form of septicæmia. It may also be absorbed by the ordinary channels, and this possibility will explain those cases in which patients have had these diseases during the puerperal state, and they have run a favorable course and been typically developed.

Dr. Tilt believed that it was to the absorption of offensive lochial discharges that a large number of cases of so-called puerperal fever were due. It is true that all zymotic diseases will cause the secretions of the human body to tend towards decomposition. When, therefore, a puerperal woman is submitted to the influence of scarlet fever, secretions will be rendered fetid which doubtless otherwise would not be so. To this fact is largely due the influence which zymotic diseases exert in the production of puerperal fever.

Dr. Fordyce Barker believed that there was a distinct disease which should properly be called puerperal fever. It is a disease which presents a group of general symptoms independent of local inflammations, resulting from the absorption of some poison into the system. Septic poisoning never occurs as an epidemic amongst those who are suffering from traumatism, nor does it develop contagion in this class of subjects. Yet it does occur as an epidemic in puerperal women, and is contagious and infectious. Should it not therefore be rather looked upon as a distinct disease? Is it improbable that septic poison, acting on a system which is in a peculiar state, should develop a distinct disease which is never found except when the system is in this condition? Beyond a question the disease is communicable by contagion. His own experience had led him to believe first, that the clinical phenomena of puerperal fever were quite different from those which are met with in surgical septicæmia and pyæmia. Second, these affections do occur in puerperal women, and the result is a disease which does not constitute a continued fever "communicable by contagion." Third, when either of these affections complicate puerperal fever, they modify the clinical phenomena by symptoms which can be distinctly appreciated and described by any close observer. As regards the pathological anatomy of the disease he thought much was yet to be learned, and it should be borne in mind that scarlet fever, typhus fever, and relapsing fever have no pathognomonic lesions, and yet no one denies that they are distinct diseases.

Dr. West believed that the cause of puerperal fever was to be sought for in the condition of the patient after delivery rather than in the presence of any special poison. Poisons of various kinds may produce it, but the peculiar state of the woman is what produces the special symptoms.

Dr. Snow Beck did not believe there was any special or specific disease known as puerperal fever. The condition of the woman made her peculiarly susceptible to the reception of poisons of various sorts, and the presence of these poisons was manifested by symptoms which were modified by the peculiar condition of the patient.

Dr. Wells, in closing the discussion, congratulated the society on the ability displayed by those who had taken part in the debate, and earnestly entreated the members to exercise great care in their own practice, and also to teach those who served under them how wrong it was to allow themselves ignorantly or wickedly to spread a disease whose death-rate was so large.

It was not to be expected that the discussion of which the above is an abstract would result in the announcement of any very definite ideas as regards the subject of puerperal fever. Much has, however, been gained by the fact that obstetricians have formed themselves into groups, each of which has certain definite ideas and theories, and students can see on just what points more light is needed.

The first of the six questions proposed for discussion was answered by all, with the exception of Dr. Fordyce Barker and Dr. Squire, in the negative. Many believed that the parturient woman was mentally and physically in a peculiar condition, and it was that condition which made her peculiarly susceptible to poisons of various sorts. These poisons were derived from outside the patient or from the patient herself. Many believed that a large proportion of the cases were pyæmic or septicæmic in their character, while other cases were caused by the development in the parturient woman of some zymotic poison, which showed itself by symptoms whose modification was due to the peculiar condition of the patient. Nearly all admitted that the disease could be communicated by the transfer of the discharges from one patient to another. A like agreement is to be noticed in the opinion expressed by many, that a physician should be extremely careful as regards cleanliness in the treatment of all puerperal cases, but that there was no necessity of giving up obstetric cases owing to the occurrence of a case of so-called puerperal fever in his practice.

As showing the poisonous character of the discharges from parturient women who are suffering from puerperal fever, it may be well to notice two cases of inoculation with the septic lochia of puerperal women which Dr. William Stewart reports.[1] The first case was that of a woman who had given an injection to a lying-in woman who had peritonitis. A slight scratch on the forefinger became poisoned and the case ran a most acute and rapid course. Within twelve hours after she was first seen by Dr. Stewart the finger had mortified. The gangrene spread rapidly, and within ninety hours from the application of the poison she died. The second case was that of a woman, who gave her daughter, then suffering from acute peritonitis, an injection, and a slight wound on the first joint of her thumb became infected. Erysipelas set in, and free incisions were made over the thumb and back of the hand. The lymphatics became inflamed and for a time the prognosis was very doubtful; but at the end of the sixth week she recovered, leaving only the first joint of the thumb stiff.

Nausea and Vomiting in Pregnancy. — Dr. Edward Copeman advises[2] that in those cases of obstinate vomiting during pregnancy in which all the usual methods of treatment have failed, the os uteri should be dilated; and as proof of the favorable results to be thus obtained he cites three cases in his own practice.

Dr. Dux believes[3] that he has seen immediate relief follow bleeding, in cases in which the usual remedies have failed. In five cases in which he bled the patient from three to four ounces, almost instantaneous relief followed.

[1] British Medical Journal, April 17, 1875.
[2] British Medical Journal, May 15, 1875.
[3] London Medical Record, March 24, 1875.

Hydrate of Chloral in Obstetric Practice. — Dr. Chiarleoni reports[1] the results which have been obtained by the extensive use of the hydrate of chloral in a large number of cases in the St. Catherine Hospital of Milan. The formula employed was usually, chloral six grammes, syrup sixty, and water one hundred; of this a spoonful was given until the desired effect was produced, except in those cases where it was necessary to give a much larger dose, and then four grammes of chloral were divided into two enemata, which were given with an hour's interval.

The patients who received this method of treatment may be divided into four groups. The first were women who were irritable, hysterical, nervous, or apprehensive (as is often observed in the case of primiparæ). Here the pains were feeble, interrupted, and ineffectual. By the administration of chloral the pain was diminished, sleep was produced, and the uterine contractions became at once more effectual. The duration of the labor was materially shortened. The second class embraced those who had albuminuria; chloral was given in these cases with the additional view of preventing convulsive action. Under a third division were placed those cases in which chloral was given with the view of rendering operations easier and less painful. By far the largest class of cases, however, was made up of those to whom the chloral was given after the labor had terminated, with the view of promoting rest and producing the greatly to be desired sleep.

The results of these experiments showed that chloral given during labor did not retard the progress of the case, nor did it act injuriously upon the child. A diminution of pain, and occasionally the entire relief of pain, was produced, and this relief or freedom from pain lasted from one to five or more hours, according to the dose and the peculiar circumstances of the case. In a few cases some talkativeness and hilarity were observed after the chloral had been administered.

PROCEEDINGS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.

EDWARD WIGGLESWORTH, JR., M. D., SECRETARY.

Blindness and Deafness due to Tape-Worm. — Dr. Williams reported the case. A child of eight years, puny but in fair health, was brought to him. It had suddenly lost its hearing six weeks previously. Four weeks before, that is, a fortnight after the deafness, it had in one day lost its sight. For a day blindness was complete, then for a time there occurred successive inter-

[1] Gazetta medica italiana Lombardia, February 6, 1875. Medical Times and Gazette, March 13, 1875.

vals of sight and blindness. If any one whom the child knew brought his eyes close to it, it would catch the expression of the eyes and show recognition, but it recognized no other light, however bright. The ophthalmoscope showed no local trouble nor cerebral lesion. There were signs of tape-worm present, and the loss of the two functions could be attributed only to reflex action. There had been no vomiting.

Dr. C. F. Folsom stated that Griesinger reports anomalous cases of insanity due to the presence of the cysticercus, probably in the brain, the worm and the larva being both present at once.

In reply to Dr. Tarbell, Dr. Williams said that the parents communicated with the child only by the eye, as stated above.

Dr. Green, who had seen Dr. Williams's case, said that there were no brain symptoms present. The child, previously healthy, woke one day deaf of both ears, and subsequently the hearing had never returned. [At a subsequent meeting, Dr. Green reported that three weeks after his above statement he had received from the parents of the child a letter stating that the worm had been removed, and that both hearing and sight had completely returned.]

Unusual Susceptibility to Hyoscyamus. — Dr. Chadwick reported the case. A woman, a dispensary patient, took, July 8th, one drachm of tincture of hyoscyamus in the evening, and was restless at night, rising several times. July 9th, after one drachm in the morning, the face became scarlet, and she was unable to articulate distinctly, the tongue seeming tied. She took, however, a teaspoonful at midday and another at night. The same symptoms, with discomfort in the head and insomnia, continued until July 10th. On this day, after taking a teaspoonful, she presented herself at ten A. M. There was no headache; pulse 120; pupils dilated, and not reacting. Was unable to read a card. During this examination the muscles of the legs began to twitch so uncontrollably that it was only with difficulty that she could walk. Seen soon after at her home she was delirious, articulating with difficulty, and beginning new sentences, leaving the old ones unfinished. There were twitchings in all the limbs, violent enough to throw her down. No sensations in throat. Micturition normal. The redness of the face lasted all day on the 10th, and the dizziness persisted, though the articulation became normal. For several nights she was very nervous. The twitchings lasted two to three days.

September 14th. Ten drops of the tincture of hyoscyamus from a new prescription were given. Dizziness at once came on, with stupidity, though the articulation was unimpaired. The same forgetfulness in conversation was noticed. Even five drops produced unpleasant effects, though less markedly.

In reply to Dr. Tarbell, Dr. Chadwick said that the bladder was relieved by ten-drop doses, but not by five.

Dr. Webber had known twenty drops of the fluid extract of hyoscyamus to produce delirium in an adult male, and one sixth of a grain of extract of belladonna, given to a man of forty years, brought out an itching eruption.

Dr. Vaughan had seen toxic symptoms produced by half a grain of the extract.

Case of Empyema Thoracis. — Dr. Waterman reported the case. "On the 9th of February last I was called to see John S., weight one hundred and

thirty-five pounds, rather below the medium stature, and of slight physical development. By occupation he was a barkeeper; he lived in a tenement-house in a healthy locality. One brother was then and is still suffering from lingering consumption; otherwise there was no hereditary taint in the family.

"The patient was taken ill the evening previous with slight chills, vomiting, *malaise*, and general febrile symptoms, without any known cause. He stated that his health was always good, and that he had had no important or serious sickness since childhood. He thought, when I saw him, that he was suffering from an attack of bilousness, and so indeed it seemed at the time. Lime-water and milk, and powders of bismuth and morphia, were prescribed. The next day the gastric disturbance was somewhat relieved, and the following day the vomiting had entirely ceased. It then became apparent that there was more trouble; the pulse was 130; the skin was dry; there was high fever, with a sharp pain in the right side, attended with cough and rusty sputa. There was slight dullness at the base of the right lung, and signs of pneumonia on auscultation. The right side was accordingly enveloped in a jacket poultice; beef-tea and milk were prescribed as diet, and a cough mixture of senega, tolu, chloroform, and morphia was allowed for the troublesome cough which harassed the patient at night. Relief, as far as the cough was concerned, followed, and the rusty sputa disappeared in the course of the next ten days. Still, in spite of the favorable termination of the pneumonic symptoms, the administration of an abundance of beef-tea, from two to three quarts of milk, and a bottle of sherry wine daily, the patient failed to progress. Very considerable emaciation, hectic, sleepless nights, and severe pain in the right side, requiring large doses of opium for relief, together with the physical signs hereafter mentioned, indicated still further trouble. The pulse never was below 120, and there was great prostration. The area of dullness extended upwards gradually until about the upper two thirds of the right chest was perfectly flat on percussion. The intercostal spaces were widened somewhat, and the natural depressions effaced; but there was no bulging nor feeling of fluctuation to the finger. During respiration, the affected side, although not motionless, presented a strong contrast to the rise and fall of the healthy side, over which the lung murmurs were intense and harsh, and the percussion sound unusually clear.

"Dyspnœa was not very urgent. On auscultation the respiratory sounds were entirely absent, vocal fremitus wanting, and the voice, when heard at all, obscurely ægophonic.

"Here, then, was a probable collection of fluid in the pleural cavity, although the area of dullness did not change with a change in the position of the patient. This was the only sign which caused any doubt at all with regard to the presence of pleuritic effusion, and this may now be explained by the density of the pus and flakes of lymph which were probably somewhat circumscribed; also by adhesions.

"In addition to the diet and wine, tonics with quinia were now given, and blisters applied to the affected side, accompanied by the use of diuretics.

"During the next week there was no progress, no loss; but it became evident that thoracentesis must be performed sooner or later. A family bereave-

ment delayed me for four or five days more, when, on March 4th, with the consent of the patient, I tapped him in the right side, directly below the angle of the scapula, with a fine trocar, at a distance of two intercostal spaces above the lowest point where a clear percussion sound could be produced over the unaffected side. Dieulafoy's aspirator was applied, and very powerful suction withdrew enough fluid to demonstrate the presence of pus. The largest-sized trocar belonging to the apparatus was not sufficiently large to permit any very considerable escape of pus, which was associated with abundant flakes of lymph. In the afternoon of the same day, however, the operation was repeated with a very large trocar, and by means of the suction pump there were drawn off about three pints of thick, creamy pus. In spite of the large calibre of the tube, it was necessary to frequently disconnect the trocar in order to dislodge the lymph which obstructed it. The patient was so exhausted after the protracted sitting that the opening in the chest was not enlarged with the scalpel at this time, inasmuch as this could be done at a subsequent time if necessary. After withdrawing the trocar a large rubber catheter was inserted, the inner end of which passed to the bottom of the pleura, and the other extremity was secured to the chest with adhesive plaster. Through this tube the pus continued to flow freely for several days, and by means of it the cavity of the pleura was daily syringed out with warm water and a carbolic-acid solution. The patient, fortunately, was able to take the same large quantities of nourishment as before, with tonics. He was soon free from pain, and able to rest at night without the use of opiates. Hectic, extreme thirst, and exhausting sweating gradually disappeared, and the pulse began to fall and to increase in volume.

"In two weeks from the date of the operation the patient was able to sit up in a chair, and by another week the discharge had lost its purulent character and become serous to such an extent that the tube was removed, and the syringing discontinued.

"From this time convalescence was rapid and uninterrupted. Slight discharge continued from the wound during the next four weeks, at the end of which time cicatrization was complete. Very considerable contraction of the affected side, with falling of the shoulder, necessarily accompanied recovery; the subsequent expansion of the lung, however, has improved this condition of things very materially. For some time after the operation no respiratory sounds could be heard at all, but at present the lung has become so far released from its cramped condition that the increased expansion of the side is as evident to the ear as it is to the eye. The sounds of the left lung, of course, still show that it does the bulk of the work in breathing, but the murmurs in the right lung are becoming more and more distinct every week."

Paracentesis. — Dr. Stedman related the case of a man, twenty years old, of good constitution, who "went West," and got a chill, followed by pleurisy. A physician of the party aspirated the chest. The patient improved, came home, fell ill, and was seen last Christmas. The left chest was flat on percussion, and the heart pushed toward the opposite side, with the usual symptoms of fluid in the chest. On the right side, pneumonia was present; the temperature was 105°; rapid pulse; bloody sputa, etc. Aspiration was performed the next day with a view to a permanent opening. A trocar was in-

serted, and it was attempted to push a uterine sound through this aperture to the opposite wall of the chest, in order to then cut down upon it. This failed, so a cut was made in the front wall, and by means of a stylet a coil of gilt wire was passed through the chest from the back to the front, and fastened and covered with oakum. The discharge was profuse for ten days. The dressings were then removed, and the tube withdrawn; the patient made a rapid and complete recovery. There was no alteration in the shape of the chest, no droop of the shoulder, and the lungs and their murmurs were thoroughly normal.

Dr. Hastings said he had performed paracentesis recently upon a consumptive patient, and withdrawn at that time about a gallon of fluid. A canula was inserted a fortnight later, and allowed to remain to permit of daily injections of carbolic acid. The heart is still a little too far to the right, but the patient is stronger, with a good appetite, and now doing well, although he had previously had hæmorrhages and other trouble with the lungs.

Dr. Knight commented upon the lowness of the situation at which Dr. Waterman had successfully made his insertion, namely, the ninth space, which he thought was lower than the usual arc of the liver, which is higher upon the right back than upon the left. He considered that "dry taps" were often due to tapping too low. He had also seen an enlarged liver diagnosticated as pleuritic effusion. The presence of certain signs was, in his opinion, necessary to justify the operation of paracentesis in pleurisy.

Dr. Haskins said that, according at least to Dieulafoy, but little harm need be apprehended even if the liver should be punctured.

Dr. Draper referred to the occasional apparent harmlessness of paracentesis. For example, a man aged twenty years, previously tapped twice, applied at the City Hospital "to be tapped and go home." He was tapped, and put to bed, but got up in spite of advice. Next day there were no signs of injury, and he went home, promising to report if anything went wrong. Quite a time had elapsed, and he had not been heard from.

Dr. Knight had known of a patient being tapped eight or ten times within a month or two.

Abscess of Bifurcation of Bronchi. — Dr. Stedman had seen, incidentally, a child one year old, large and plump, but which, according to the parents, had for three months lost much flesh. It had a slight cough, and a weary look in the eyes, and appeared ill, though not emaciated; it was uneasy, and cried. There was some dullness at the top of the right chest. A week later, after the child had been fractious at night, the parents, who had fallen asleep at three A. M., woke at five to find the child dead, with a thin bloody fluid pouring from its mouth and nose. The autopsy showed an abscess, the size of a man's fist, and full of cheesy matter, which had ruptured into the bifurcation of the bronchi, causing the suffocation of the child. The mesenteric and bronchial glands, and those of the neck and groin, were caseous, and filled with abscesses. The left lung was caseous. Previous to death there had been also an abscess upon the buttocks.

Papilloma of Vocal Cords. — Dr. Knight showed the specimen. It was brittle, coming off in two pieces. The chances are in favor of its not return-

ing when thoroughly removed, that is, when it is cut off and the base subsequently cauterized. If a part is removed, temporary relief only is obtained. The tendency to such growths seems to fade out with age, that is, they disappear in time without treatment. For this reason, some authorities prefer to let them alone. Removal is preferable, provided it be properly performed.

MORGAN ON PHRENOLOGY.[1]

It is no easy task to review patiently this collection of unfounded assertions and irrelevant discussions, though relieved as it occasionally is by gleams of sense and a general appearance of honesty.

Every pretended science has a claim to a thorough and impartial investigation, but after its fallacies have been repeatedly exposed and it has sunk to be merely a support of charlatans, it can no longer claim serious discussion and must be passed over with contempt, in spite of the few respectable men who may have been deluded by it. The author endeavors to avail himself of the recent labors of anatomists and physiologists on the brain, though it is no easy matter for him to derive satisfaction from them. It is exceedingly hard to find any definite starting-point in the system. *Cæteris paribus*, a large brain is better than a small one; but if a small one turns out better than most large ones, lo and behold! it is owing to its quality, of which till then we had heard nothing. We have also the slight development of the organ peculiarly characteristic of any individual clearly accounted for by the presence of others. It appears perfectly satisfactory to the author, if a murderer has no element of destructiveness, to assign his deeds to acquisitiveness, humorousness, etc., as the case may be. By the art of getting up theories to meet ugly facts, the phrenologist might read a lesson to even our experts on insanity.

The author, though far from a close reasoner, seems to be honest, and declares his "readiness to give up any, nay, every position held by phrenologists, as soon as convincing proof against them shall be produced," apparently forgetting that the burden of proof rests with the discoverer. His anatomical quotations do not appear to have deterred him from making the region over the frontal sinus absolutely bristle with characteristic prominences.

The temperaments, according to the author, are four in number: the nutritive, the sanguine, the muscular, and the mental, which he registers on a scale of twenty-four for each, six representing the normal development. We would respectfully suggest the adoption of the numeral system, applied not only to these but to the various characters, fifty representing the average, and one hundred the greatest possible development. Deploring the vagueness of adjectives, the late "John Phœnix" suggested this use of the numeral system, and we hasten to acknowledge our indebtedness to him for the idea. He showed its practicability by applying it to the opening chapter of a novel, but how much more in place it will be in a case book, as for instance: A. B.,

[1] *The Skull and Brain: Their Indications of Character and Anatomical Relations.* By Nicholas Morgan. London: Longmans, Green & Co. 1875.

aged twenty-six, nutritive temperament 89, sanguine 40, muscular 78½, mental 3, influenced by his bibativeness (99), which his conscientiousness (7) was unable to counteract, especially as his humorousness (95) was stimulated and his cautiousness (16) was inert, fell from a height on his head, producing an elevation that was at first mistaken for an hypertrophied organ of adhesiveness which could not have been expressed by any number under 170, etc.

Few will deny that it is possible to infer something of a person's character from the shape of the head and face; and still fewer that the face is at least as expressive as the head, and this very belief is fatal to phrenology. Before concluding we must thank the author for the new words with which he has enriched the vocabulary, and for showing that English critics are over modest when they assert that such improvements come from this side of the water. "Bibativeness" is not bad, but "brainal" is an acquisition indeed.

T. D., Jr.

BACHELDER ON POPULAR RESORTS.[1]

This is a prettily illustrated book, giving some account of the numerous summer resorts of the United States, particularly of those in the northeastern portion. Without vouching for its accuracy, we may say that it appears to contain much valuable information. We trust it may induce many to escape, if but for a few days, from the city and from business to some of the many charming resorts that are near at hand. Let us hope that the next edition will speak not only of the views and of the conveniences that each hotel offers, but also of the source of the drinking water and of the state of the drainage. These are questions in which the public is at last taking an active interest. Nothing is to be gained by appealing to the conscience of inn-keepers, but a great deal may be hoped from an exposure of their very frequent recklessness.

COMPARATIVE ANATOMY AT THE BOSTON SOCIETY OF NATURAL HISTORY.

The barricade that shut off that part of the Museum of Natural History devoted to comparative anatomy is at length removed, and the new collection is open to the public. That which we call the new collection consists of the specimens formerly in the department, with the addition of the greater part of the late Professor Wyman's magnificent collection, which, as is well known, he left, with the exception of pathological specimens, to the Boston Society of Natural History. The department of comparative anatomy is arbitrarily made to consist of all vertebrate specimens excepting the stuffed ones, which are distributed according to their classes among other departments. The in-

[1] *Popular Resorts and how to reach them.* By John B. Batchelder. Boston: John B. Batchelder. 1875.

vertebrates in the Wyman legacy consequently were separated from the rest. Each specimen of the original Wyman collection is distinctively marked, but it was thought best to distribute them throughout the department in their appropriate places rather than to keep them together. The cases have been remade so as to afford perfect protection against dust and insects. To make room, many of the large skeletons have been moved into the open hall, where they show to greater advantage, and the whole collection presents a fine appearance. There are larger collections of comparative anatomy in America, but probably none so admirably fitted for instruction. The mind of the lost master is seen everywhere clearly in his own work and the effect of it is found in that of his pupils and imitators.

Among the noteworthy features of the department is the collection of anthropoid apes; there are no less than four gorilla skeletons nearly complete, one of which (coming from the Wyman collection) is, we believe, the largest in the world. There is the same number of chimpanzee skeletons and some additional heads of both species, one of each being bisected. These show very clearly that as far at least as the head is considered, and we are inclined to think in other respects, Wyman had the best of the controversy with Owen in which he maintained against the latter that the chimpanzee is nearer than the gorilla to man.

The various divisions of the department are arranged with a view to facilitate similar comparisons. Besides the series of divided heads there is one showing the homologies of the skeleton throughout the chief genera of mammals, birds, and reptiles. Under each of the three windows at one end of the great hall are laid the separate bones of a man, chimpanzee, and bull-dog respectively. The collection of skulls of the lower animals is very large and valuable. Mounted on blue tablets (an idea of Professor Wyman's) are his original sections to show the structure of bone, the results of which were published twenty-six years ago. His preparations showing the air cavities in the bones of birds are particularly beautiful. There is a good opportunity for the comparative study of the internal organs. Nearly fifty hearts, ranging in size from that of the white whale (*beluga*) to that of the frog, stand near together, and are followed by series of larynges and of lungs and gills. Near these are many injected preparations, among which are excellent ones of the *retia mirabilia* of the thorax of the porpoise and of the limbs of the three-toed sloth. Three, however, deserve a little space. They are corrosion preparations made by Professor Hyrtl, and given by him to Professor Wyman when the latter visited Vienna a few years ago. One is a beautiful injection of a kidney of a species of sheep, which is laid open into two halves; one of these contains the pelvis, which is injected green, the artery being red. A nearly similar preparation from the gnu is represented in *Tafel* 11 *fig.* 1 of Hyrtl's splendid monograph on corrosions. The other two are placentæ of twins, showing that in one case the vessels of the two cords communicate and that they do not in the other. Our readers may remember that Hyrtl thought to have discovered that the former arrangement indicates that the children are both of the same sex and the latter the reverse. The collection of brains numbers many more than a hundred, the far greater part of which belonged

to Dr. Wyman and show the results of his great skill as a dissector. His preparations of the brain, cranial nerves, and electric organs of the torpedo must be seen to be appreciated. The array of embryos of man and animals cannot be done justice to here. We hope these disjointed remarks may call the attention of the profession and of students to the great advantages that this city offers for the study of comparative anatomy, and we are glad that the fruit of years of labor of the great anatomist, whose loss is still so deeply felt, should be placed where they can convey instruction to the greatest number.

MEDICAL NOTES.

— The Fort Wayne *Daily Sentinel* reports "a remarkable surgical operation" performed by a certain Dr. Richardson, of Boston, "an eminent surgeon." The disease is said to be curvature of the spine, for which hot irons were applied. It is further stated that a full account of this operation has been given by the leading periodicals of the West, and that it will also appear in the columns of the JOURNAL. Under these circumstances we feel called upon to say that we know nothing of the person in question or of his article, and we very much fear that the good citizens of Fort Wayne are being greatly imposed upon.

— Swimming baths have been lately opened at Charing Cross, London, on the Thames River. The condition of the water in the centre of a great metropolis, even after the improvements which have been completed on the banks of the river, must be such as to make the experiments adopted by the floating swimming-baths company to purify the water of great practical interest. These baths are very different from the public baths with which we are familiar; they are constructed on a scale equal to those of Paris, Vienna, and other large cities, and are far superior to anything we have seen in this country. The method of purifying the water is thus described in the *Lancet*. "The process at present adopted is one of simple filtration. The water taken from the Thames is sent through long bags made of stout sea-cotton, the bags being protected by a sort of case or glove. The mud and other suspended particles fall to the bottom of the bags, or are retained in the meshes; the water finds its way into the chamber where the bags are suspended, and is thence pumped into the bath. The bags are of course changed frequently and washed. At certain times of the tide, when water cannot be procured from the river, the bath water is refiltered and sent back again, but when the system is in working order the level of the water is simply maintained by small 'overflow' apertures at one end, the inflow and outflow being continuous. The water is in general appearance and color much like that in the baths in London and elsewhere, but occasionally contains small floating particles, which we have not yet examined microscopically. The desirability of sending the water after filtration through a thin layer of charcoal, before pumping it into the bath, has been suggested."

Such an establishment, situated in the "water park" or on our Back Bay of the future, would be one of the many advantages to be derived from the improvements contemplated in that part of the city.

— We learn from a circular lately forwarded to Dr. Williams, of this city, that the committee appointed to collect subscriptions and erect a monument to the late Professor Graefe held a meeting in December last, at which it was voted that a bronze statue should be made and that the work should be entrusted to Professor Soemmerring. According to the contract which the committee propose, the work will cost eighteen thousand thalers. No contract will be made, however, until the foreign members of the committee have had an opportunity of expressing their opinion upon the same. It is probable that the site of the proposed statue opposite the Charité Hospital will be abandoned, owing to changes recently made in that part of the city, and that some public square will be selected.

— A paper on trismus nascentium, by Dr. P. A. Wilhite, is published in the *Richmond and Louisville Medical Journal*, July, 1875. The author adopts the views promulgated by Dr. J. Marion Sims nearly thirty years ago, that rismus nascentium is not traumatic tetanus, but a disease of central origin, depending upon a mechanical pressure exerted upon the medulla oblongata and its nerves. This pressure is generally the result of an inward displacement of the occipital bone, very often perceptible, but sometimes so slight as to be detected with difficulty. This displacement of the occipital bone is one of the fixed physical laws of the parturient state. When it persists for any length of time after birth, it becomes a pathological condition capable of producing all the symptoms of trismus nascentium. Dr. Sims further maintained that the occipital displacement was kept up by the dorsal decubitus, and that the lateral decubitus was sufficient to relieve the displacement and cure the disease. Two forms of the disease are described: the acute or trismus, and the chronic or trismoid. Dr. Wilhite in his paper gives particulars of fourteen cases. Of these, three of acute trismus were treated by position alone, and recovered; three died without treatment before he saw them. Of eight cases of trismoid affection, four were cured by position, and four died without treatment. The directions given for postural treatment were to keep the child always on its side, from time to time changing it from one side to the other.

— The following account of a competitor for anæsthetic laurels is given in the *Medical Press and Circular*. Having heard vague reports that chloroform had been used in the practice of Sir William Lawrence and Mr. Holmes Coote in the summer of 1847, some months before Sir James Simpson's experiments, Sir Robert Christison, in 1870, applied to Mr. Holmes Coote for information. In reply, the latter gentleman confirmed the truth of the report, and stated that the substance was introduced to their notice, under the name of "chloric ether," by a Mr. Furnell, who represented it to be a milder anæsthetic than sulphuric ether. It was tried in several cases successfully, and whilst Sir William and he were endeavoring to reduce the amount of spirit and water, so as to condense the preparation, Sir James Simpson made known his important discovery. Sir James Paget also testifies to the use of "chloric ether" at St. Bartholomew's.

Sir R. Christison, the *Pharmaceutical Journal* informs us, has succeeded in identifying and communicating with Mr. Furnell, who gives the following curious account of his first acquaintance with chloroform. In 1847 Mr. Furnell was a student at St. Bartholomew's, and was also engaged in "putting in a vein of pharmacy" at John Bell & Co.'s, to enable him to pass at the College of Surgeons. Whilst at the establishment in Oxford Street, he appears to have developed so extraordinary a propensity for experimenting upon himself with sulphuric ether, which just then was creating a great sensation in London, that Mr. Jacob Bell became alarmed, and gave orders that no more ether should be supplied to him. This led Mr. Furnell to search the storeroom to see whether he could discover any ether to which he could help himself. On a back shelf he found a dusty bottle labeled "chloric ether," the contents of which, proving grateful to his sense of smell, were taken up-stairs and a portion inhaled from a new instrument he wanted to try. Mr. Furnell found "chloric ether" was sweet and pleasant, and that it soon produced a certain degree of insensibility, but he was struck by the absence of the suffocating irritation and choking sensation produced by sulphuric ether. He therefore took some down to St. Bartholomew's Hospital and introduced it to the notice of Mr. Holmes Coote, with the result mentioned above.

So far had Mr. Furnell gone on the road to discovery when he was overtaken and outstripped by Sir James Simpson.

— The Periodic International Congress of the Medical Sciences will open its fourth session at Brussels, September 19, 1875. A new section has been established, which will be devoted to diseases of the mind, the regimen of the insane, etc. It will be called the section of psychiatria. The committee have resolved also to make an exhibition of new instruments and apparatus used in medicine, surgery, physiology, ophthalmology, etc. It will be held at the time and place of the congress. For this purpose physicians are invited to inform the director of the exhibition — Dr. Casse, 11 Rue St. Michel,, Brussels — concerning the articles they wish to submit to the congress, and to state before July 1 their desires regarding them, and the amount of space they wish to have at their disposal. The objects themselves should be sent before the first of September, postage and duties prepaid. When the prepayment is especially difficult, the expense will be provisionally met by the authorities in charge, and subsequently paid by the sender. After the exhibition, the objects will be restored to the owners. The committee will meet the expense of arranging in show-cases, setting up, repacking, etc. Provision will be made for the demonstration of apparatus upon animals or the cadaver. The exhibition of important instruments,on account of their great cost and their special application seen only in the great cabinets of physiology, would be a great desideratum. Most physicians are ignorant of their mechanism, and perhaps of the existence of many of them, and the explanation of their mode of application would be received with much interest.

The exposition is not designed for purposes of trade. It will be allowable for manufacturers to exhibit their articles, but on condition that they shall be new, affording actual scientific interest. The cost of arranging in cases, etc., will be at the exhibitors' expense.

CONCERNING GOUT.

A LETTER WRITTEN BY THE LATE DR. JAMES JACKSON.

MESSRS. EDITORS, — The following letter, genial, thorough, and explicit, was written by old Dr. James Jackson to a grateful fellow-citizen, whose great toe to this day gives thanks that the doctor did not think his fee earned by a simple "Avoid wine, and keep out of doors as much as you conveniently can."

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MY DEAR SIR, — In accordance with my promise, I am about to address you on the subject of gout.

The first question on this subject is whether anything can be done to prevent the occurrence of the disease in one who is liable to it. I do not think that you can certainly prevent it, but that you may lessen the chance of having it, at least of having it often or severely. The prospect of benefit is good enough to make it worth while to take the necessary care; especially as this does not involve anything injurious to health or anything difficult to do. Gout, you know, is the disease of a gentleman. In England it occurs among great scholars, distinguished professional men, and hard-working statesmen. I don't know whether a man would be allowed to be prime minister long unless he had the gout. In other language, it occurs in men who drink wine freely, and employ their minds over much; especially if this employment be connected with great responsibilities and anxiety of mind, and still more if they lead sedentary lives. I would not limit the disease too much. It may, perhaps, be found among stupid and dull plodders; and sometimes the juice of apples well fermented may take the place of the juice of the grape. I doubt, however, whether brandy would bring on the true gentlemanly disease, even in a duke.

You may find out by the above how to take rank among the great men of our good fatherland; but if you indulge any tender regard to your great toes, you may learn how to avoid the malady. To this end, first, give up wine and all fermented liquors, until something occurs to show that you have need of them. Drink water pure and simple, or season it by tea, coffee, or cocoa. I do not say by lemons, for there is some doubt as to the free use of strong vegetable acids.

Secondly, let your diet be plain and simple, not taking much variety at any one meal. If you are disposed to be costive, take a due portion of laxative food. By a due portion I mean as much as you find necessary on trial. Costiveness is bad for any man, but especially so for any one who is prone to the gout. By laxative food I mean: (1) Bread made of wheat meal not sifted, instead of wheat flour. (2.) Fruit of all kinds, especially such as is tender and somewhat sweet, or at least not sour or austere; hard fruit, such as apples, is better if cooked in the skin; among fruits remember squash and tomato. (3.) Succulent vegetables, such as the greens in the spring and the green vegetables in the summer. (4.) Sweet oil, and to some extent the fat of meat. These articles are not to exclude flesh and fish. It is well to take those once a day, at least, for nourishment.

Third, take exercise, freely, liberally, heartily, not grudgingly, as if you hated to lose the time. Make it pleasant; exercise in the open air, on foot, on horseback, both.

Work in your garden if you have any taste for it. But gardening is one of the fine arts not to be polluted by those who do not love it. Do not talk about the weather, or at any rate do not omit exercise entirely because the weather is bad. If there is a snow-storm, take a man and horses and break the paths if you cannot do better. In connection with this I may recommend cold bathing every morning, with good friction after it. It helps very much. But do not think that any little lady's work like this is to be compared with good hard exercise in the open air.

Fourth, as to business and head work. Shall I advise you to give it all up? No such thing. It is your mission, as the modern good folks say, to do business and make money, so that you may do a great deal of good. But do not sell yourself to it, for then perhaps you may find that a devil is cloaked under it. Keep your business in such bounds as that it shall not prevent you from taking care of your wife and children, to keep them well, nor from taking care of your wife's husband, lest she should not get another. If a man won't do that, he is not a good husband. I know that when a man engages in business he cannot always keep it within exact limits. But if he determines to try, he will commonly succeed. It is your business to decide which field you will plow up this summer, which you shall allot to corn and which to potatoes, etc. But you are not to do the hoeing for any of them. If the hay is down and there comes a thunder-shower, you must leave your foreman to put it in, unless he happens to be struck by the lightning, and then you may turn out. But that will happen only once in ten years. You cannot avoid responsibility, but you must not be anxious. Lay by as many lacs of rupees as you think necessary in some proper bank; then sport with the rest if you please, but only if you can keep on laughing if you lose.

Do not be anxious about business matters, nor about anything which can be avoided. Lastly, keep good hours. Early to bed and early to rise, at any rate rise early. It is not a matter of poetry that the morning air brings health more than that of any other part of the day. So much for prevention.

If you take what I say to heart and bring it out in your life, you may not need anything more. But I won't promise that. Causes beyond your control may bring the gout. What shall you do then? Or can you do anything? I think you can. I believe that colchicum will rarely fail to carry off a fit of the gout, if it be used in a proper dose, as soon as the fit comes on. While this is going on you should omit flesh and fish, and live on bread or some vegetable article of a mild kind, with tea or cocoa, or milk if that suits your stomach. Do not return to common diet until the local disease has been gone two days and your appetite has returned. Under this treatment I think you will not need any local applications.

Most persons feel better to have the part covered by thin flannel, but you may do as you may find most comfortable on that score. If the heat and pain are great, I think a little tepid water the best application; that is, you should wet a piece of cotton cloth, doubled, in the tepid water and apply that to the

part affected. There is no harm in mixing a little rum with the water, so long as you do not taste of it, but I do not know that there is any good in it. Old folks think it safer to add the rum, but we young ones know that the old have many notions.

And now I hope that you may live a hundred years, and every year laugh, at the old doctor who has written this long epistle to you in August, 1855 because he was frightened at a little swelling on your great toe.

Yours truly, J. Jackson.

WEEKLY BULLETIN OF PREVALENT DISEASES.

The following is a bulletin of the diseases prevalent in Massachusetts during the week ending August 14, 1875, compiled under the authority of the State Board of Health from the returns of physicians representing all sections of the State: —

The four diseases of summer — diarrhœa, cholera infantum, cholera morbus, and dysentery — continue to hold the highest place in the scale of prevailing diseases. The character of the cholera infantum of the present season is more severe and fatal than usual, and the mortality from this affection in the larger cities is truly appalling. The following summary of the reports received shows how uniform is the prevalence of the four diseases mentioned.

Berkshire: Diarrhœa, dysentery, cholera morbus. Great Barrington reports scarlatina "especially severe."

Valley: Diarrhœa, cholera morbus, dysentery, cholera infantum.

Midland: Diarrhœa, cholera infantum, cholera morbus, dysentery.

Northeastern: Diarrhœa, cholera infantum, cholera morbus, dysentery. Less sickness than in the other sections.

Metropolitan: Diarrhœa, cholera morbus, cholera infantum, dysentery, typhoid fever, scarlatina.

Cape: Diarrhœa, cholera morbus, cholera infantum, dysentery. Pembroke reports severe diphtheria.

In the State at large there has been an increase in the prevalence of diarrhœa, cholera morbus, dysentery, rheumatism, and typhoid fever; all other diseases have abated somewhat.

F. W. Draper, M. D., Registrar.

Books and Pamphlets Received. — Analysis of One Thousand Cases of Skin-Disease. By L. Duncan Bulkley, M. D. Reprinted from The American Practitioner, May, 1875.

Lessons on Prescriptions and the Art of Prescribing. By W. Handsel Griffiths. London: Macmillan & Co. 1875.

Accidents, Emergencies, and Poisons, and Plain Directions for the Care of the Sick. Distributed by the Mutual Life Insurance Company of New York.

The sixth meeting of the American Association for the Cure of Inebriates will be held in the city of Hartford, Conn., on Tuesday, September 28th, at ten o'clock A. M.